MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04966

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
STREET ADDRESS (If rural give location) N. Main

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) G. (Last) Blackburn
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 11-12-1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Thomas McLay, Port Deposit, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) Hypertensive Cardio Vascular disease — 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis & myocarditis — 5 yrs

DUE TO

(c) Coronary thrombosis — 12 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 5-28, 1953, that I last saw the deceased alive on 5-27, 1953, and that death occurred at 7:30 A.M. 5-28-53, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. R. Richards Jr. M.D. ADDRESS Port Deposit Cecil Md. DATE SIGNED 5-28-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 5-31-1953
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural
DATE REC'D BY LOCAL REGISTRAR May 29, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUN 2 1953
BUREAU V.S.

04967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS 323 North St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 323 North St.

3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) Mitchell (Last) Blake
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 28, 1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Garage Operator
11. BIRTHPLACE (State or foreign country) Cecil Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME S. Kennard Blake
14. MOTHER'S MAIDEN NAME Mary Holt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-24-2751
17. INFORMANT AND ADDRESS George M. Blake 323 North St, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset and Death: Instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized & coronary sclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 17, 1953, to May 19, 1953, that I last saw the deceased alive on April 20, 1953, and that death occurred at 10:00 p.m. E.D.T., from the causes and on the date stated above.

SIGNATURE Milford H. Sprecher (Degree or title) M.D. ADDRESS Elkton, Md DATE SIGNED May 21, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 22, 1953
NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery
LOCATION (City, town, or county) Cherry Hill (State) Md.

DATE REC'D BY LOCAL REG. May 22
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md.
W. A. Lusby.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

RECEIVED
MAY 25 1953
BUREAU V. S

04968

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 10 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Sherri (Middle) Lee (Last) Borden

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 23 May '53

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 7 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Elkton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Charles Borden Jr.

14. MOTHER'S MAIDEN NAME: Audrey Ray Off

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Audrey Borden, Charlestown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

761.5

Immediate cause (a) Prematurity — 24wk. gestation — Interval Between Onset and Death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Premature Separation of Placenta — 7 hours

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 23 May, 1953, to 24 May, 1953, that I last saw the deceased alive on 24 May, 1953, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Hans H Hunter M.D. ADDRESS No. 44 East Md. DATE SIGNED 24 May '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5-25-53 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) North East — (State) Md

DATE REC'D BY LOCAL REG. May 25 — REGISTRAR'S SIGNATURE H Frazer

24. FUNERAL DIRECTOR Joseph P Grant — ADDRESS North East Md

2053182240

RECEIVED
MAY 27 1953
BUREAU V. S.

04969

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH — COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CALVERT — LENGTH OF STAY (in this place): 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) R (Last) CAMERON
4. DATE OF DEATH (Month) 5 (Day) 2 (Year) 1953
5. SEX: FEMALL
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: 2-16-1877
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LESLIE WEAVER
14. MOTHER'S MAIDEN NAME: ENGLAND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Margaret Reed North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Uremia — 3 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Renal Disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1950, to 2 May, 1953, that I last saw the deceased alive on 27 April, 1953, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: Klaus H Hunker M.D. (Degree or title) — ADDRESS: North East — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 5-5-1953 — NAME OF CEMETERY OR CREMATORY: METHODIST — LOCATION (City, town, or county): NORTH EAST, CECIL (State) Md

DATE REC'D BY LOCAL REG.: May 6 53 — REGISTRAR'S SIGNATURE: L. M. Worthington — 24. FUNERAL DIRECTOR: Joseph R Grant North East — ADDRESS: Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1

RECEIVED
MAY 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04970

CERTIFICATE OF DEATH

Reg. Dist. No. 96

X 35

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural give location): 2032 North 22nd Street

3. NAME OF DECEASED: (First) COLEMAN (Middle) NMI (Last) CLAY

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-10-1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Orange County, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Clay - Deceased

14. MOTHER'S MAIDEN NAME: Lucy Wall - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 197-01-6241

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X

Immediate cause (a) DUE TO: Carcinoma of Sigmoid Colon with Peritoneal and Pleural Metastasis — 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Pyonephrosis of left Kidney secondary to obstruction of Ureter by (a) — 6 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension

19a. DATE OF OPERATION: (Specify) — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 4-29 1953, to 5-13, 1953, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

SIGNATURE: E.P. Brannon — (Degree or title) — ADDRESS — DATE SIGNED

E.P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — 5-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 5-14-53 — NAME OF CEMETERY OR CREMATORY: Mount Piszah — LOCATION (City, town, or county) (State): Orange County, Va.

DATE REC'D BY LOCAL REGISTRAR: May 14, 1953 — REGISTRAR'S SIGNATURE: Eda M. Daugherty act Reg. — 24. FUNERAL DIRECTOR: Wilbur C. Bowers — ADDRESS: WILBUR C. BOWERS, 2040 W. Diamond St., Phila. Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

01971

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
LENGTH OF STAY (in this place) 20 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural give location) RURAL

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) T (Last) CORNELL

4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 1-23-1890
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY B&O. R.R.
11. BIRTHPLACE (State or foreign country) RISING SUN Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Cornell
14. MOTHER'S MAIDEN NAME Mealy McClure

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-16-9344
17. INFORMANT Phillip W Cornell North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450D Immediate cause (a) Generalized Arteriosclerosis, severe — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

62 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphylis, asymptomatic, latent, pos. Wass. only. — ?

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 26, 1951, to 11 May, 1953, that I last saw the deceased alive on 4 May, 1953, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Klaus H Hunter (Degree or title) M.D. ADDRESS North East, Md DATE SIGNED 12 May '53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5-13-53 NAME OF CEMETERY OR CREMATORY Brahwiew LOCATION (City, town, or county) Rising Sun Cecil Md (State)

DATE RECD BY LOCAL REG. 5-13-53 REGISTRAR'S SIGNATURE Sarah L Rothermel
24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 7yrs8mos9days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma; STREET ADDRESS (If rural give location) 805 Juniper Street, Apt.202

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) L. (Last) CROGGON

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 8, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Patent Attorney

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank S. Croggon

14. MOTHER'S MAIDEN NAME: Jeanette Tippett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — Interval Between Onset And Death: Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Manic Depressive, Mixed type. — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 28, 1945, to May 7, 1953, ~~the deceased~~ and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE DeHart Krans, M.D. (Degree or title) ADDRESS DATE SIGNED

DeHart Krans, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. 5-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal; DATE THEREOF 5-10-53; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) (State) Ft. Myer, Virginia.

DATE REC'D BY LOCAL REGISTRAR 5-11-53; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre De Grace, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CEIVED
MAY 13 1953
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96 ... ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point

LENGTH OF STAY (in this place): 2mo.9days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield

STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
JOHN	MURRAY	EVANS	May	5	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Male	White	Widowed	5-30-1892	60 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Unknown	Crisfield, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John M. Evans - Living	Harriet V. Bozman - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	216070192	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis with acute pulmonary edema — Interval Between Onset And Death: Approx. 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis, cerebral, with psychotic reaction. Malnutrition — Unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-26 ..., 19 53, to 5-5 ..., 19 53, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
E.P. BRANNON, M.D. Chief, Professional Services, VAH,	Perry Point, Md.	5-5-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5-5-53	American Legion	Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 5 1953	Lisa M. Daugherty Act Reg.	Bradshaw Funeral Home, Crisfield, Maryland	BRADSHAW FUNERAL HOME, Crisfield, Maryland

7 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Cecil, Perryville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural, give location) RFD #12, Box 327

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Medlin (Last) FABER
4. DATE OF DEATH (Month) 5 (Day) 22 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-13-31
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY U.S.Navy
11. BIRTHPLACE (State or foreign country) Henrico Co. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Lynn Howard Faber
14. MOTHER'S MAIDEN NAME Sallie Medlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 3-12-51 5-22-53
16. SOCIAL SECURITY No. 231 34 7767
17. INFORMANT AND ADDRESS W.H.Faber, Rt. 12, Richmond, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

X Immediate cause (a) Fracture Sternum, Hemomediastinal, Hemopericardium

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured nose

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route #40 (CITY OR TOWN) Perryville, (COUNTY) Cecil, (STATE) Maryland
TIME OF INJURY (Month) 5 (Day) 22 (Year) 53 (Hour) 2:30 A.M.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Results of automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R.L. Dodson MD DME
ADDRESS Rising Sun Md
DATE SIGNED 5/22-53

MODE OF CREMATION (Removal, Specify) Removal Burial
DATE THEREOF 5-23-53
NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery
LOCATION (City, town, or county) Richmond, Virginia (State)

DATE REC'D BY LOCAL REG 5-25-53
REGISTRAR'S SIGNATURE Dorothy B. Bramble
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04975

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 1 mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pa. — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Allentown
STREET ADDRESS (If rural, give location): 1118 N. 18th Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) L. (Last) FAUST

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-3-1888

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Faust — Deceased

14. MOTHER'S MAIDEN NAME: Minnie Welty — Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 207-10-3846A

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Vascular Accident	12 hours
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Diabetes Mellitus	Approx. 7 months
	DUE TO		
	(c)	Arteriosclerosis, generalized	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 4-23, 1953, to 5-28, 1953, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (DEGREE OR TITLE) ADDRESS: E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.

DATE SIGNED: 5-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 5-28-53

NAME OF CEMETERY OR CREMATORY: Unknown

LOCATION (City, town, or county) (State): Allentown, Pa.

DATE REC'D BY LOCAL REG.: May 29, 1953

REGISTRAR'S SIGNATURE: [signature] Act Reg.

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son, PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 1 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0 1976

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1 Mo. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 740 - 5th Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) A. (Last) FUNK
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-1-1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Funk - Deceased
14. MOTHER'S MAIDEN NAME: Mary ? - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 577-10-0171
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Carcinoma of lower 1/3 of esophagus with	Approx. 1 yr
DUE TO	almost complete obstruction	Approx.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Bronchogenic spread with pneumonia	2 month
DUE TO	(c) Abscess of liver secondary to (a)	2 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstruction of bowel secondary to adhesions — 2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 4-29, 1953, to 5-31, 1953 and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E.P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 6-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6-2-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REGISTRAR June 3, 1953
REGISTRAR'S SIGNATURE Isaac M. Daugherty act Reg.

24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 235 East Main

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Hartnett (Last) Garrett

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: February 28, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real estate + insurance
10b. KIND OF BUSINESS OR INDUSTRY: Real estate + insurance self employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence W. Garrett
14. MOTHER'S MAIDEN NAME: Ella Hartnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-32-2066
17. INFORMANT & ADDRESS: Mrs. Daniel Garrett Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute heart failure and pulmonary edema	3½ days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary thrombosis	19 days
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1953, to May 30, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 8 45 A m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews, Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton, Md DATE SIGNED May 30, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/2/53
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Bethel (State) Md

DATE REC'D BY LOCAL REG. June 1
REGISTRAR'S SIGNATURE R. Frazer
24. FUNERAL DIRECTOR H. Walter Du Bose ADDRESS Elkton

VS A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 2 19
BUREAU V. S.

04978

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Rd — 3

3. NAME OF DECEASED: (Type or Print) (First) Harry R. (Middle) Gray (Last)

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 28 - 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner
10b. KIND OF BUSINESS OR INDUSTRY: Florist
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Saml B. Gray
14. MOTHER'S MAIDEN NAME: Jennie Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hosp. Record & Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardio Vascular Renal Disease	
	DUE TO (c) Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR 13, 1953, to May 3, 1953, that I last saw the deceased alive on May 3, 1953, and that death occurred at 7:30 PM m., from the causes and on the date stated above.

SIGNATURE H. Arthur (DECREE OR TITLE) ADDRESS Cantwell Md DATE SIGNED May 5/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/6/53
NAME OF CEMETERY OR CREMATORY North East Meth.
LOCATION (City, town, or county) North East Md (State)

DATE REC'D BY LOCAL REG. May 6
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]79

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH:
COUNTY: Cecil — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 1328 Harvard Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (NMI) (Last) HAIR

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 13, 1923

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Panama City, Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Hair - Deceased

14. MOTHER'S MAIDEN NAME: Bammer Bell - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes (If Yes, give war or dates of service): PL 28

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Chronic Brain Syndrome associated with diseases of unknown or uncertain cause. — Interval Between Onset And Death: Approx. 18 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Pneumonia, bronchial, bilateral, terminal — 4 days

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 3-31 ,1953 , to 5-1 , 19 53, [illegible] and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) E.P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — ADDRESS — DATE SIGNED: 5-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 5-4-53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: May 5, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR: [signature] PENNINGTON & SON, Havre de Grace, Md. — ADDRESS

RECEIVED
MAY 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96 . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Maryland
LENGTH OF STAY (in this place): 3 mo 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery
STATE: Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pottstown
STREET ADDRESS (If rural give location): 641 King Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) L. (Last) HARBERGER

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 6, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months 1 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): President & General Manager

10b. KIND OF BUSINESS OR INDUSTRY: Eastern Foundry Co.

11. BIRTHPLACE (State or foreign country): Pottstown, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Harberger

14. MOTHER'S MAIDEN NAME: Catherine Faber Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Lung abscess, right base	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Paraplegia, secondary to compression fracture of D 9	Unknown
	(c) DUE TO Decubitus ulcer, sacrum	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Jan. 27, 1953, to May 17, 1953, and that death occurred at 3:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 5-18-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 5-18-53
NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
LOCATION (City, town, or county) (State): Pottstown, Penna.

DATE REC'D BY LOCAL REGISTRAR: May 18, 1953
REGISTRAR'S SIGNATURE: Ada M. Dougherty
Asst. Reg.

24. FUNERAL DIRECTOR ADDRESS: Schumacher Funeral Home
SCHUMACHER FUN. HOME, 359 King St., Pottstown, Pa.

RECEIVED
MAY 20 1953
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton; LENGTH OF STAY (in this place) 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt - Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Peter (Middle) (Last) Haggard

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec 13 1870

9. AGE last birthday: 82+ yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pollard Haggard

14. MOTHER'S MAIDEN NAME: Annie L. Schyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —; (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: John E. Haggard - Galt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) Cardio Renal-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General arterio sclerosis — ?

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-, 1953, to 5-10-, 1953, that I last saw the deceased alive on May 9, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE J. H. M. Smythe M.D. | DEGREE OR TITLE | ADDRESS Elkton-Maryland | DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF May 12 1953 | NAME OF CEMETERY OR CREMATORY Wesley Henry Cemetery | LOCATION (City, town, or County) Galt | (State) Cecil Co. Md.

DATE REC'D BY LOCAL REG. May 13 | REGISTRAR'S SIGNATURE H Frazier

24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Millington, Md.

VS. A15 8-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

MAY 14 19
BUREAU V. S.

01982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Arthur (Last) Hill
4. DATE OF DEATH: (Month) May (Day) 5 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 17 1871
9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Chester Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Edwin R. Hill
14. MOTHER'S MAIDEN NAME: Mary Krauss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mary Hill Conowingo, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 week
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to May 5, 1953, that I last saw the deceased alive on May 5, 1953 and that death occurred at 6-P m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E P Snodgrass Darlington Md 5/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 8 1953
NAME OF CEMETERY OR CREMATORY: West Nottingham
LOCATION (City, town, or county) (State): Near Colora, Md.
DATE REC'D BY LOCAL REG. 5/9/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: J. E. Tyson ADDRESS: Rising Sun, Md.

MAY 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Harford Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Havre de Grace~~ Perryville Md — LENGTH OF STAY (In this place): 4 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Perry Point Hospital Veterans

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Harford 12 X

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmorton (Rural)

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	WOODROW	Wilson	KERNAN		May	~~15~~ 13	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Mar 4 1913	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm	Laber	Dublin	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene E Kernan	Mary Starr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes World War II	218-07-6556	Mrs Faye D Kernan Edgewood Md RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gunshot wound of chest and abdomen	
981x Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute pancreatitis	
	(c) Early bronchopneumonia	
	Fibrinopurulent pleuritis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	✓	Kernan		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
5/9/53 m.		Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R S Fisher	MD	700 Fleet St., Baltimore, Md.	May 14, 1953

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 19/53	Mt Zion	Fountain Green Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/20/53	Irene E Loughlaty	Joseph T Fortin	Bel Air Md

RECEIVED
MAY 20 19[illegible]
BUREAU V. S.
COPY SENT TO L[illegible]
DATE

01081

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Samuel Alfred Lotman

4. DATE OF DEATH: (Month) (Day) (Year) May 21 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 1, 1918
9. AGE last birthday 35 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Laborer
11. BIRTHPLACE (State or foreign country): Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alfred Lotman
14. MOTHER'S MAIDEN NAME: Sophia Forakes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-16-4025
17. INFORMANT & ADDRESS: Alfred Lotman Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		Interval Between Onset and Death
Immediate cause	(a) Chronic glomerular nephritis and uremia	Over 2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardio-vascular disease	Over 2 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation - intermittent — Over 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to May 21, 1953, that I last saw the deceased alive on May 20, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE J. Ralph Andrews Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton DATE SIGNED 5/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/23/53
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery
LOCATION (City, town, or county) Elkton R.D. (State) Md
DATE REC'D BY LOCAL REG. May 23
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton Md.
W. A. Lusby.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
MAY 25 1953
BUREAU V. P.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (In this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bow St Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton.
STREET ADDRESS (If rural, give location): Bow St Ext.

3. NAME OF DECEASED (Type or Print): (First) J (Middle) Wirt (Last) Lynch.
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: Feb 4, 1886
9. AGE last birthday: 67 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Signal Penn RR
10b. KIND OF BUSINESS OR INDUSTRY: R.R. Signal operator
11. BIRTHPLACE (State or foreign country): Warwick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edmund G. Lynch
14. MOTHER'S MAIDEN NAME: Mary Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 716-01-7709
17. INFORMANT AND ADDRESS: Mabel L. Lynch. Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac dilatation — 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 5 years

(c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to May 8, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 9:10 A m., from the causes and on the date stated above.

SIGNATURE: J Herbert Bates (Degree or title) M.D. — ADDRESS: Elkton Md — DATE SIGNED: 5/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 11/53 — NAME OF CEMETERY OR CREMATORY: North East Meth. — LOCATION (City, town, or county) (State): North East, Md

DATE REC'D BY LOCAL REG.: May 11 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: H W Pippin & Son — ADDRESS: Elkton, Md

RECEIVED
MAY 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04956

Reg. Dist. No. 94

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural Delivery; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JESSE	ROBERT	LYNCH.	May	15	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	White	Married	3-1-1881	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Dockman	Collector of Dockage	Cecil Co Md.	U S A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo. Dalton Lynch.	Jane Howard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mrs Jane Lynch, North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 420.1

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A E Dodson MD DME		Rising Sun Md	5/18-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 19 1953	Ebenezer Methodist	Rising Sun R D	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 18-53	Sarah E. Rothermel	Joseph R Grant	North East Maryland

VS. A15A

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) (Last) MAGIROS
4. DATE OF DEATH (Month) 5 (Day) 20 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 7-10-1896
9. AGE last birthday 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Magiros
14. MOTHER'S MAIDEN NAME Marianthi Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George Magiros, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE (Degree or title) R. C. Dodson, M.D. — ADDRESS Dr. E. Rising Sun Md. — DATE SIGNED 5/21-53

BURIAL, CREMATION, MOVAL (Specify) Burial — DATE THEREOF May 25, 1953 — NAME OF CEMETERY OR CREMATORY Gilpin Manor Memo. Park Cemetery — LOCATION (City, town, or county) Elkton R.D. (State) Md.

DATE REC'D BY LOCAL REG. May 23 — REGISTRAR'S SIGNATURE F. R. Frazer — 24. FUNERAL DIRECTOR H. W. Pippin & Son — ADDRESS Elkton Md.

W. A. Lusby

MARGIN RESERVED FOR BINDING

CAST WAIT. PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 25
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Susie (Middle) (Last) MORGAN

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) Widowed.

8. DATE OF BIRTH: Aug 2, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Cecil Co Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathan McCoy

14. MOTHER'S MAIDEN NAME: Susan Walmsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Charles Price Chesapeake City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443x		
Immediate cause	(a) Left hemiplegia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiovascular Renal	10 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to May 7, 1953, that I last saw the deceased alive on May 6, 1953 and that death occurred at 3:10 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Harry M Davis MD Chesapeake City Md 5/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 10/53

NAME OF CEMETERY OR CREMATORY: Bethel

LOCATION (City, town, or county) (State): New Ches City Md

DATE REC'D BY LOCAL REG. May 10

REGISTRAR'S SIGNATURE: F R Frazer

FUNERAL DIRECTOR: A W Tippin & Son ADDRESS: Elkton, Md

VS. A15 8-5

RECEIVED
MAY 13 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Deposit
LENGTH OF STAY (in this place): 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 91 n. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Deposit
STREET ADDRESS (If rural give location): 91 n. Main

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) George (Last) Moulder

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-18-1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Stationery Boiler

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Moulder

14. MOTHER'S MAIDEN NAME: Susanna Peterson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs A.G. Moulder, Port Deposit, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebro-Vascular Accident	72 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertensive Condition Vascular disease	5 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15 ,19[illegible], to 5-12 ,1953, that I last saw the deceased alive on 5-11 ,1953, and that death occurred at 9:30 A.M. , from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Port Deposit, Md. DATE SIGNED: 5-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 15 1953

NAME OF CEMETERY OR CREMATORY: St. Marks Cemetery

LOCATION (City, town, or county) (State): Perryville, Md. Rural

DATE REC'D BY LOCAL REGISTRAR: May 15 1953

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Lewis Patterson & Son. ADDRESS: Perryville, Md.

VS/A15

RECEIVED
MAY 18 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 Collins St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Elkton Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 128 Collins St.

3. NAME OF DECEASED (Type or Print) (First) Adelia (Middle) (Last) Ray

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1953

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6/15/89
9. AGE last birthday 64 yrs. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Coombs
14. MOTHER'S MAIDEN NAME Maggie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Harry Bessicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1

Immediate cause (a) Cardiac Regurgitation — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1 ..., 19 53, to May 27, 19 53, that I last saw the deceased alive on May 25, 19 53, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 245 S. 4th St Elkton Md DATE SIGNED 5/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/30/53
NAME OF CEMETERY OR CREMATORY Providence Cemetery
LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. May 30
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR Edw R Bell ADDRESS Milton Dela.

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) T (Last) Reed
4. DATE OF DEATH (Month) 5 (Day) 4 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married
8. DATE OF BIRTH 10-3-1865
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY days work
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John T Reed
14. MOTHER'S MAIDEN NAME Rachail Ann Daughton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Grace White, Conowingo Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 [illegible]

Immediate cause (a) Acute Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson MD. (Degree or title) Dm E ADDRESS Rising Sun Md. DATE SIGNED 5-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-6-1953
NAME OF CEMETERY OR CREMATORY Darlington
LOCATION (City, town, or county) (State) Darlington, Harford Co. Md.

DATE REC'D BY LOCAL REG. May 5, 1953
REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 7 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Maryland

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Elkton Hospital, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31

STREET ADDRESS (If rural, give location) 327 South Chester Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
John	Joseph	Rynarzewski	May	1st	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	White	Married	6-11-1881	72 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer - [illegible] & farming		Poland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Matthews Rynarzewski	Maryanna ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	217-05-1218	Agnes Rynarzewski 327 South Chester Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro vascular accident — 26 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 12 A m., from the causes and on the date stated above.

SIGNATURE Ralph Anderson Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton, Md. DATE SIGNED 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY	LOCATION (City, town, or county) (State)
Burial	5-5-53	St. Stanislaus	1300 Dundalk Ave-Balto, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/4/53	H. W. Hedrick	George A. Weber	705 S. Conkling St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Conowingo
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bell Manor Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Chester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Chester
STREET ADDRESS (If rural give location) 236 West Barnard Street

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) J. (Last) Schultz
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 30, 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Maint. Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Phila. Electric
11 BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Schultz
14. MOTHER'S MAIDEN NAME: Anna Leister

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 176072107
17. INFORMANT & ADDRESS: Etta D. Schultz 236 W. Barnard St. West Chester, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
4 [illegible] Immediate cause	(a) DUE TO	Myocarditis & Arteriosclerosis	3-4 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Coronary Thrombosis Massive	50 minutes
	(c)	Pulmonary Embolus	3-4 yrs

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old hypertension. 5 to 6 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1953, to 5-28, 1953, that I last saw the deceased alive on 5-27, 1953, and that death occurred at 12:01 AM 5-24-53, from the causes and on the date stated above.

SIGNATURE J. H. Richards (Degree or title) MD ADDRESS Port Deposit Cecil Md DATE SIGNED 5-28-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 5-31-53
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) West Chester, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR May 28, 1953
REGISTRAR'S SIGNATURE Ida M. [illegible] act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96 ~~181~~

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt # 40.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elizabethtown
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print) (First) GILBERT (Middle) F (Last) SHIRK.
4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-22-31
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier U.S.A.
10b. KIND OF BUSINESS OR INDUSTRY Army.
11. BIRTHPLACE (State or foreign country) Elizabethtown Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ralph Joseph Shirk
14. MOTHER'S MAIDEN NAME — unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Current.
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS U.S. Army Aberdeen. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

16X
Immediate cause (a) Lacerated Throat Fractured
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt leg. Possible crushed chest
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) Perryville (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 19 (Year) 53 (Hours) 330 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran into rear of truck.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. L. Dodson MD (Degree or title) DM E ADDRESS Rising Sun Md. DATE SIGNED 5-19-53

CREMATION (Specify) Removal
DATE THEREOF May 20-1953
NAME OF CEMETERY OR CREMATORY Elizabethtown cemetery
LOCATION (City, town, or county) Elizabethtown (State) Penna.

DATE REC'D BY LOCAL REG 20-1953
REGISTRAR'S SIGNATURE Irene Daugherty
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen Maryland.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

MAY 25 1953
BUREAU U.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) LOIS	(Middle) JEAN	(Last) SUNDHEIMER	4. DATE OF DEATH	(Month) MAY	(Day) 6	(Year) 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 5-4-53	9. AGE last birthday yrs.	If under 1 year Months / Days 1	If under 24 hrs. Hours / Min. 14 / 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME CHARLES A. SUNDHEIMER	14. MOTHER'S MAIDEN NAME JUNE ELINOR ROOT						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ***** (If year, give war or dates of service) ***	16. SOCIAL SECURITY NO. -----	17. INFORMANT AND ADDRESS CHARLES A. SUNDHEIMER, OXFORD, PA.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ATELECTASIS	
762.5 Antecedent cause(s)	(b) PREMATURITY	36 hrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4-, 1953, to 5-6, 1953, that I last saw the deceased alive on 5-6-53, 19....., and that death occurred at 0455 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
V. M. REIST	LCDR MC USN	U.S.N. HOSPITAL, BAINBRIDGE, MARYLAND	5-6-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 5-6-53	NAME OF CEMETERY OR CREMATORY OXFORD CEMETERY	LOCATION (City, town, or county) OXFORD CHESTER CO. (State) PA.
DATE REC'D BY LOCAL REG. 5-6-53	REGISTRAR'S SIGNATURE Dorothy B Bramble	24. FUNERAL DIRECTOR Frank Coleffman	ADDRESS Oxford Pa.

2053211241

RECEIVED
MAY 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
STREET ADDRESS (If rural give location) Main

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) M. (Last) Taylor

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 1, 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Operator

10b. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Taylor

14. MOTHER'S MAIDEN NAME: Carrie Overly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs John Baker, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

DUE TO Arterio-Sclerosis-Hypertension

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO Hydronephrosis - x Stag Horn Calculi Right Kidney.

(c)

Interval Between Onset And Death: Sudden 7 years 10 months

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-5, 1952, to May 30, 1953, that I last saw the deceased alive on May 30 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. W. Benson, M.D. ADDRESS Port Deposit, Md DATE SIGNED 6/1/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-3-1953 NAME OF CEMETERY OR CREMATORY West Nottingham LOCATION (City, town, or county) (State) Colora, Md. Rural

DATE REC'D BY LOCAL REGISTRAR June 3, 1953 REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg.

24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

RECEIVED
JUN 5 1953
BUREAU V'2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04997

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cherry Hill
STREET ADDRESS (If rural, give location): Rd 4

3. NAME OF DECEASED: (Type or Print) (First) Charity (Middle) Ellen (Last) Vandegrift

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 19, 1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Chesapeake City, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bristow

14. MOTHER'S MAIDEN NAME: Foster, Laura

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: William H. Vandegrift R.D. # 2 Cherry Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral Vascular Thrombosis — Interval Between Onset and Death: 5-28-53 - 5-31-53

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Vascular Sclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28-, 1953, to 5-31-, 1953, that I last saw the deceased alive on 5-31-, 1953, and that death occurred at 5:20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Peter Hawkins, M.D. ADDRESS 154 W. Main St. Elkton, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/3/53

NAME OF CEMETERY OR CREMATORY: Sharpe Cemetery

LOCATION (City, town, or county) (State): Mt. Fair Hill Md.

DATE REC'D BY LOCAL REG.: June 2

REGISTRAR'S SIGNATURE: H R Frazer

24. FUNERAL DIRECTOR ADDRESS: W. W. Pepper & Son Elkton, Md.

M.D.

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5530

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Elkton
LENGTH OF STAY (in this place) 13 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp. Elkton

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 128 North St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Henry (Last) Williams

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: February 16, 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal mining Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mining
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Williams
14. MOTHER'S MAIDEN NAME: Leva Benfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 235-34-8862
17. INFORMANT & ADDRESS: Denton Williams Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1

Immediate cause (a) Rupture of thoracic-lumbar aorta
DUE TO aneurysm into left pleural cavity with secondary infection

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Generalized arteriosclerotic Cardiovascular disease Unknown

INTERVAL BETWEEN ONSET AND DEATH: 3 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1953, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 4:09 A.M., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews, Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton, Md. DATE SIGNED 5/4/53

23. BURIAL, CREMATION REMOVAL (Specify): ~~Burial~~ removal
DATE THEREOF May 7, 1953
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) Bluefield (State) West Va.

DATE REC'D BY LOCAL REG. May 5
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H.W. du Bois, Jr., Elkton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 6 1953
BUREAU V. S.